



## Center for Professional Licensing Licensee Profile Change Form

**Please complete Section A of this form. Then, complete section B, C, and/or D if it applies to you.**

Date submitted:

### **Section A: Current Licensee Information**

Current name on license:

Date of birth:

Social Security Number:

Rhode Island license number:

Phone:

Email:

### **Section B: Update name on license**

*If you are requesting a name change on your license, you must provide a copy of legal documentation of your name change (i.e., marriage certificate or divorce decree).*

New name on license:

### **Section C: Update address information**

*You must provide proof of residency (i.e., valid driver's license, voter registration card showing your home address, federal income tax return stating your state of residence, or a military form 2058).*

New address:

City:

State:

ZIP:

### **Section D: Update employer information**

Employer:

Work address:

City:

State:

ZIP:

Work phone:

Work email:

**Return this completed form with any supporting documentation to  
[RIDOH.licensing@health.ri.gov](mailto:RIDOH.licensing@health.ri.gov) (On subject line, enter *Licensee Profile Change Form.*)**

**RIDOH Center for Professional Licensing  
3 Capitol Hill, room 104, Providence, RI 02908**